

Dear Parent/Guardian:

This letter is intended for parents who have children enrolled at either a family day care home or a child care center. We are required to provide meal benefits to all enrolled children. Please help us comply with the requirements of the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) by completing the Meal Benefit Form.

**For Children Enrolled In A Family Day Care Home:**

Your child is enrolled at the home of

\_\_\_\_\_,  
who is a tier II family day care home provider participating in USDA's CACFP through an agreement with our agency. Under this agreement, your family day care home provider receives reimbursement for meals served to your child while in care. The amount of reimbursement received by your family day care home provider depends on the income of the households of children in care. Please complete the enclosed Meal Benefit Form and return it to us as soon as possible. **Please do not return the Meal Benefit Form to your family day care home provider.**

Depending on your family size and income, your family day care home provider will be reimbursed at either a higher tier I reimbursement or at a lower tier II reimbursement for your child's meals. If your household currently receives benefits under:

- the Food Stamp Program;
- Temporary Assistance for Needy Families (TANF);
- the Food Distribution Program on Indian Reservations (FDPIR); or
- any eligible Federal or State supported child care or other benefit program (See attached List of Other Categorically Eligible Programs.),

you only need to list your current Food Stamp, TANF, FDPIR, or other program case number on the Meal Benefit Form. You must also have an adult sign, date and provide his or her social security number on the Meal Benefit Form, or write "none" if the adult does not have a social security number. Your family day care home provider will then be eligible to receive the higher tier I reimbursement for meals served to your children.

However, if your household does not receive benefits under Food Stamps, TANF, FDPIR, or other eligible programs listed on the List of Other Categorically Eligible Programs, please complete the Meal Benefit Form and make sure you:

- provide the names of all household members and their income by source; and
- have an adult sign, date and provide his or her social security number, or write "none" if the adult does not have a social security number.

**For Children Enrolled In A Child Care Center:**

Please complete, sign and return the attached Meal Benefit Form to us as soon as possible. All children enrolled in our center receive their meals at no separate charge, but the determination of eligibility category affects the amount of Federal funding received by our center.

If your household currently receives benefits under:

- the Food Stamp Program;
- Temporary Assistance for Needy Families (TANF); or
- the Food Distribution Program on Indian Reservations (FDPIR),

you only need to list your current Food Stamp, TANF or FDPIR case number on the Meal Benefit Form. You must also have an adult sign, date and provide his or her social security number on the Meal Benefit Form, or write "none" if the adult does not have a social security number.

However, if your household does not receive benefits under Food Stamps, TANF or FDPIR, please complete the Meal Benefit Form and make sure you:

- provide the names of all household members and their income by source; and
- have an adult sign, date and provide his or her social security number, or write "none" if the adult does not have a social security number.

**For All Households:**

USDA defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses). Therefore, the income reported on the Meal Benefit Form must include the gross income of all members of your household, by source.

The **income** you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center receives a higher level of reimbursement for meals served to your children.

Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you become unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

**Foster children:**

For households with foster children, please refer to the Instructions on How To Complete the Meal Benefit Form or contact us for additional information.

**Confidentiality of Information on the Meal Benefit Form:**

We will use the information on the form to decide the level of reimbursement your family day care home provider or center is eligible to receive. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

**Non-discrimination Statement:**

This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Sincerely,

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Institution Representative Signature

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Date